

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 1381W00114040001

**Box No. I TITLE OF INVENTION**

**CONVEYOR LUBRICANT, PASSIVATION OF A THERMOPLASTIC CONTAINER TO STRESS CRACKING, AND THERMOPLASTIC STRESS CRACK INHIBITOR**

**Box No. II APPLICANT**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

ECOLAB INC.  
Ecolab Center  
St. Paul, Minnesota 55102-  
United States of America

This person is also inventor

Telephone No.  
(612) 451-5730

Facsimile No.  
6124514272

Teleprinter No.

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

HEI, Kimberly L.P.  
2224 30<sup>th</sup> Avenue  
Baldwin, Wisconsin 54002  
USA

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:



agent



common representative

Sorensen, Andrew D.  
ECOLAB INC.  
840 Sibley Memorial Highway  
Mendota Heights, MN 55118  
United States of America

Telephone No.  
651/306-5810

Faximile No.  
651-306 4272

Teleprinter No.

Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS	
<i>If none of the following sub-boxes is used, this sheet is not to be included in the request.</i>	
Name and address  HERDT, Joy G. 11600 Leeward Avenue South Hastings, Minnesota 55033 USA	(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)
This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
State (i.e. country) of nationality: _____ State (i.e. country) of residence: _____	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address  MINYU, Li 7021 19 <sup>th</sup> Street North Oakdale, Minnesota 55128 USA	(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)
This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
State (i.e. country) of nationality: _____ State (i.e. country) of residence: _____	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address  LOKKESMOE, Keith Darrell 14463 Monterey Avenue Savage, Minnesota 55378 SA	(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)
This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
State (i.e. country) of nationality: _____ State (i.e. country) of residence: _____	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address  WEI, Guang-Jong Jason 619 Pondview Drive Mendota Heights, Minnesota 55120 USA	(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)
This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
State (i.e. country) of nationality: _____ State (i.e. country) of residence: _____	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

**Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS**

*If none of the following sub-boxes is used, this sheet is not to be included in the request.*

Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>		
BESSE, Michael E. 7450 Winnetka Heights Golden Valley, Minnesota 55427 USA				
State (i.e. country) of nationality:		State (i.e. country) of residence:		
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America		<input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>		
State (i.e. country) of nationality:		State (i.e. country) of residence:		
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America		<input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>		
State (i.e. country) of nationality:		State (i.e. country) of residence:		
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America		<input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
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State (i.e. country) of nationality:		State (i.e. country) of residence:		
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America		<input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.				

Box No. VI PRIORITY CLAIM		<input checked="" type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	National application: country	Where earlier application is: regional application: regional Office	international application: receiving Office
item (1) 16 August 1999 (16.08/99)	60/149,095	U.S.		
item (2) 16 August 1999 (16.08/99)	60/149,048	U.S.		
item (3) 17 November 1999 (17.11.99)	09/441,881	U.S.		

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1) THROUGH (6).

\* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which the earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

#### Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):  ISA / EP	Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):  Date (day/month/year):      Number:      Country (or regional Office):		
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#### Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets:  request : 06 description (excluding sequence listing part) : 67 claims : 16 abstract : 01 drawings : 04 sequence listing part: 00  Total number of sheets : 94	This international application is accompanied by the item(s) marked below:  1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input checked="" type="checkbox"/> Other (specify): Gen. Transmittal (in dupl.) Check in the amount of \$ _____ Return Postcard
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Figure of the drawings which should accompany the abstract:

Language of filing of the international application: English

#### Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

By \_\_\_\_\_  
Andrew D. Sorensen

For receiving Office use only		
1. Date of actual receipt of the purported international application:	2. Drawings:	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	<input type="checkbox"/> received:  <input type="checkbox"/> not received:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority ISA/	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

**Supplemental Box***If the Supplemental Box is used, this sheet should not be included in the request.*

1. If in any of the Boxes, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ... " indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient in particular:

- (i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- (iii) if in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
- (vi) if there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI;
- (vii) if, in Box No. VI, the earlier application is an ARIPO application: in such case, write "Continuation of Box No. VI," specify the number of the item corresponding to that earlier application and indicate at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed.

2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

3. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty: in such case, write "Statement Concerning Non-Prejudicial Disclosures or Exceptions to Lack of Novelty" and furnish that statement below.

**CONTINUATION OF BOX NO. VI:**

16 June 2000 (16.06.00)

09/595,835

U.S.

16 June 2000 (16.06.00)

09/596,599

U.S.

16 June 2000 (16.06.00)

09/596,697

U.S.